

# **Kewaunee County Health Insurance Plan Effective January 1, 2015** **Medical, Dental, Prescription & Life Insurance Overview**



Part – time employees must work a minimum of 600 hours to qualify for health insurance.  
Cost will be prorated based on number of hours worked.

## **MEDICAL**

### **MEDICAL PLAN – SINGLE**

Single Medical Monthly Premium \$734

County 85%: \$623.90

Employee 15%: \$110.10

Preferred Provider	In Network 1/1/2015	Out of Network 1/1/2015
Deductible	<b>\$500</b>	<b>\$750</b>
Coinsurance	<b>90/10</b>	<b>70/30</b>
Out of Pocket Limit	<b>\$2,500</b>	<b>\$6,750</b>
Plan Maximum Out of Pocket Limit (MOOP)	<b>\$6,450</b>	<b>N/A</b>
Primary Care Office Visit Copay	<b>\$25</b>	<b>ded/coins</b>
Specialist Copay	<b>\$50</b>	<b>ded/coins</b>
Emergency Room Copay	<b>\$100</b>	<b>ded/coins</b>

### **MEDICAL PLAN - FAMILY**

Family Medical Monthly Premium \$1,805

County 85%: \$1,534.25

Employee 15%: \$270.75

Preferred Provider	In Network 1/1/2015	Out of Network 1/1/2015
Deductible	<b>\$1,000</b>	<b>\$1,500</b>
Coinsurance	<b>90/10</b>	<b>70/30</b>
Out of Pocket Limit	<b>\$5,000</b>	<b>\$13,500</b>
Plan Maximum Out of Pocket Limit (MOOP)	<b>\$12,900</b>	<b>N/A</b>
Primary Care Office Visit Copay	<b>\$25</b>	<b>ded/coins</b>
Specialist Copay	<b>\$50</b>	<b>ded/coins</b>
Emergency Room Copay	<b>\$100</b>	<b>ded/coins</b>

Out of Pocket Limit Includes: medical deductible & medical coinsurance (In Network/Out of Network do not cross reduce)

MOOP Includes: in network medical/pharmacy deductible, in network coinsurance, medical/pharmacy copay

## **PHARMACY**

**Level 1 Drug Co-Pay: \$5**

(low cost generic/brand)

**Level 2 Drug Co-Pay: \$20**

(higher cost generic/brand)

**Level 3 Drug Co-Pay: \$50**

(high cost mostly brand)

**Level 2 & Level 3(combined) have a \$200 deductible per person, then copay**

## **DENTAL**

Family Dental - \$116.00 - Employee pays 50% = \$58.00 per month

Single Dental - \$47.00 - Employee pays zero

Dental maximum per year per individual: \$1,000

Orthodontia: covered expenses 50%

Lifetime Maximum for orthodontia per individual: \$800

## **LIFE**

Term Life Insurance: \$20,000 / Accidental Death or Bodily Injury: \$20,000